apostrophe

intelligent health benefits

Description of Services

Plus Plan

Overview

This description of services is provided as a tool to support customer understanding and alignment with standard services included in Apostrophe's Intelligent Health Benefit Platform. It is not inclusive of all services provided by Apostrophe and is subject to change based on mutual agreement.

Requests for customized services not explicitly documented below as in-scope, or included in the Plan Set Up Scope of Work or Administrative Services Agreement, must be identified and agreed upon prior to commencement of implementation.

Additional fees may apply for administration of custom features, changes to standard operating procedures and processing of post-implementation change requests. In the event of any conflict between this document and the Administrative Services Agreement, the Agreement and associated Statements of Work shall govern.

Table of Contents

Configurable Benefit Design

Plan Elements

- ✔ ERISA plan administration
- ✔ Standard or configurable cost sharing elements
  - Deductible
  - Out of Pocket Maximum
  - Copay
  - Coinsurance
  - Rx Cost Shares
- ✔ Support for High Deductible Health Plans
- ✔ Support for embedded deductibles
- ✔ COVID-19 preventative services and diagnostic testing
- ✔ ACA-compliant plan document

Smart Shopper

Program Design

- ✔ $0 member cost for partner primary care providers or telemedicine visits (administered at the organizational TIN/NPI level) if available
- ✔ $0 member cost for plan benefits received at smart shopper locations designated by Apostrophe, if geographically available:
  - Advanced imaging
  - Surgery centers
  - Labs
  - Colonoscopies
  - Cancer centers (Colorado only)

- ✔ Reporting support for employer-driven smart shopper contributions to HSA accounts

Decision Support

- ✔ Education about cost, quality and experience (when available) for planned procedures and care needs that qualify for smart shopper benefits
- ✔ Proactive outreach to members seeking services that have a smart shopper option available, and/or that may be a good candidate for a second opinion
- ✔ Support for transportation and lodging to smart shopper options at least 90-miles away

Curated Suite of Digital Health Solutions

Includes telemedicine, virtual primary care, and virtual second opinions.

Integration

- ✔ Primary and chronic care management via online communication platform with access to a dedicated physician team for clinical consultations, referrals and review of lab and test results
- ✔ Urgent care telemedicine via online communication
- ✔ Virtual second opinions from national experts

Eligibility Administration

Eligibility Processing

- ✔ Medical eligibility management within Apostrophe's administrative system, including eligibility exchange with partnering pharmacy benefit manager, utilization management and Apostrophe partners
- ✔ Other coverage identification and management (coordination of benefits)

COBRA Administration

- ✔ Discounted pricing for full COBRA administration provided through Infinisource. Plan Sponsor is responsible for all applicable fees charged by Infinisource

Onboarding and Member Education

Onboarding

- ✔ Online project management support for Plan Sponsor
- ✔ Onsite open enrollment support for groups with >300 employees
- ✔ Up to 5 live employee webinars
- ✔ Internal Champion Training for groups with more than 300 employees

Individual Member Education

- ✔ Online registration for new members
- ✔ Welcome email two weeks in advance of plan start date (available only when plan eligibility is submitted within 30 days in advance for new group or 14 days in advance for new hire)
- ✔ ID Card & Welcome Kit fulfillment, including printing and postage, for all members over 18 years old (available only when plan eligibility is submitted within 30 days in advance for new group or 14 days in advance for new hire)
- ✔ Black and white logos on ID Cards
- ✔ Proactive provider education for members with surgeries scheduled within 2 weeks of go-live and / or critical ongoing care, when:
  - Data is provided 30 days in advance of go-live, or
  - Member reaches out or alerts us during the registration process

White Glove Member Care

Services

- ✔ US-based Member Care team
- ✔ 6am-6pm mountain time
- ✔ Email, phone and text support through HIPAA-compliant software

- ✔ Non-English language assistance
- ✔ Education about digital health solutions and smart shopper options, if available
- ✔ Proactive contact to member for a precertification service that can be provided by a smart shopper
- ✔ Contact providers to help keep appointments when member cannot make an appointment or has ongoing or high needs care
- ✔ Assistance with purchasing DME supplies at lower cost
- ✔ Navigate medical billing process when submitted
- ✔ Work with provider on member's behalf to negotiate balance bills

Apostrophe Open Network + Direct Purchasing with ProviderPay

Contracting

- ✔ Access to national bundled services contracts through third-party partners
- ✔ Access to existing Apostrophe local and national direct contracts:
  - Local imaging and surgery centers
  - Local hospital and cancer center agreements in select markets
  - National lab and imaging
- ✔ Active pursuit and administration of smart shopper contracts in geographies with >100 employees
- ✔ Consultation and selection of non-excluded facilities where members will not receive balance billing or prepayment support

Multiple of Medicare Pricing

- ✔ Claim repricing based on Apostrophe's default multiple of the current-year Medicare fee-schedule
- ✔ Application of Medicare equivalency rates for services, facilities, or alternative settings not covered by Medicare

- ✔ Differential Medicare pricing for physician, inpatient and outpatient hospital services based on Apostrophe's default multiple of Medicare (based on provider type, geography and billing entity)

Cash Pay

- ✔ Cash pay option for scheduled procedures if:
  - Less than the default multiple of Medicare amount OR
  - Enabling access to care in accordance with employer instruction
- ✔ On-the-spot payment for care if required by provider to see the patient (limitations apply, e.g., $1,000 limit or otherwise as instructed by employer on Maximum Allowable Charge Employer Preference form)

Balance Bill Handling

- ✔ Member support and education for balance bills when member visits a non-excluded facility for eligible procedures:
  - Easy balance bill processing through secure email platform
  - Ongoing member-specific education and status communication
- ✔ Plan benefit enforcement with providers to encourage balance bill write-offs
- ✔ Default plan coverage of balance bill settlements:
  - Automatic settlement of bills <$500,
  - Plan Sponsor notification 5-business days prior to settlement of bills > $50,000
  - Stop loss approval prior to settlement of bills >$50,000 or > stop loss % of Medicare limit
  - As otherwise as instructed by employer on Maximum Allowable Charge Employer Preference form
- ✔ Custom balance bill settlement thresholds
- ✔ Fiduciary protection for appeals of Plan payment amounts sent to an external review entity (when covered through Phia's PACE)
- ✔ Discounted pricing for legal defense protection provided through Phia. Plan Sponsor is responsible for all applicable fees charged by Phia

MemberPay

Member Payment Options

- ✔ Auto-payment options with credit card, HSA or Flex card
- ✔ Member bill notifications:
  - Weekly new bill email alerts
  - Monthly statement email or mail, including printing and postage, and 30 / 60 / 90-day past-due email notices
- ✔ Flexible internal and third-party repayment options, including 0% financing for qualified members
- ✔ Electronic access to current balance, monthly statements and Explanation of Benefits

Collections / Recourse Recovery

- ✔ Proactive phone calls to members with high outstanding balances
- ✔ Suspension of MemberPay for members who terminate coverage or enroll in COBRA

Utilization and Care Management

Services

- ✔ Medical necessity review based on national clinical care guidelines for services requiring precertification (current list will be defined in plan documents):
  - Inpatient hospitalization, including medical, psychiatric and substance abuse stays
  - Elective surgery
  - Outpatient hospital procedure
  - Transplant candidacy evaluation and transplant (organ and/or tissue)
  - Home Health Services
  - Durable Medical Equipment, rental greater than two months, or purchase in excess of $1,500 billed per date of service
  - Rehab program (such as cardiac, pain management, pulmonary, substance abuse)
  - Therapy services (such as occupational, physical and speech therapy)
  - Residential Treatment Facility programs
  - Skilled Nursing Facility stays
  - Dialysis

- Infusion services
- Prescription specialty drugs
- MRI/PET/CT scans
- EBCT (Electron Beam Tomography)
- Any drug over $1,500 covered under the medical benefit
- Epidural, facet and trigger point injections
- Long Term Acute Care
- Psychiatric Treatment - Intensive outpatient, residential and partial
- Radiation treatments
- Varicose Vein Ligation

✔ Patient steerage to an accepting provider and facility with education during precertification process

Claims Processing

Services

✔ Administration of claims submitted by paper or electronically on standard industry claim forms consistent with industry standards, Plan Documents, and in compliance with applicable laws and regulations:

✔ Post Office Box to receive claim submissions and administrative correspondence

✔ Processing and issuance of claim check/electronic payments to providers along with evidence of payment (EOP/835s)

✔ Industry protocols to request overpayments and refer uncollected funds to a third party for handling

✔ Claims correspondence, including printing and postage

✔ Administration of bills submitted by members directly.

✔ Application of National Correct Coding Initiative (NCCI) edits to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment of claims, including outpatient code (OCE) and medically unlikely (MUE) edits

✔ Subrogation services provided through third-party (pass-through fees apply)

✔ Coordination of benefits with other payers

- ✔ Prior carrier accumulator credit when in Apostrophe's specified format
- ✔ 12 month accumulator administration (either calendar year or plan year)

Pharmacy Administration

Administration

- ✔ Integration with multiple cost-savings programs when using Southern Scripts or EHIM, including international sourcing and a Copay Assistance program for specialty drugs

Invoicing and Medical Claim Funding

Invoicing

- ✔ Consolidated monthly invoicing:
  - Consultant fees
  - Stop loss premiums
  - Rx Claims
- ✔ ACH pull 2 business days after receipt of invoice

Claims

- ✔ Weekly claims funding
- ✔ Funding via ACH pull 2 business days after receipt of funding request
- ✔ Visit fees for standard integrated digital health solutions

Stop Loss Coordination

Administration

- ✔ Reporting integration with preferred partners inclusive of providing notifications
- ✔ Automatic claim submission and reimbursement coordination with stop loss

Protections

- ✔ Preferred partner protections:
  - Reimbursement criteria is consistent with Plan Document language
  - Balance bill settlement approval
- ✔ Plan Document and Stop Loss Agreement discrepancy review

Reporting and Data Access

Reporting

- ✔ Detailed quarterly performance reports provided by Client Success
- ✔ Online access to executive dashboard and claim line reporting in Employer Center
- ✔ Online access to executive analytics in Deerwalk
- ✔ Standard stop loss reporting:
  - Notification
  - Submissions
  - Monthly aggregate tracking
  - Annual renewal reporting
- ✔ Detailed medical claim funding reporting
- ✔ Detailed claim recourse reporting

Renewal Support

Services

- ✔ Online project management support for Plan Sponsor
- ✔ Up to 5 live employee webinars (if requested)
- ✔ Internal Champion Training for groups with more than 300 employees (if requested)
- ✔ In Person Plan Year Review (if requested)
  - <300 EE, T&E at Employer's expense
  - >300 EE, T&E at Apostrophe's expense
- ✔ Video Conferencing Plan Year Review (if requested)

Individual Member Education

- ✔ Online registration for new members (existing members do not have to re-enroll)
- ✔ Welcome email two weeks in advance of plan start date (available only when plan eligibility is submitted within 30 days in advance for new group or 14 days in advance for new hire)

Services Out-of-Scope

Services documented below are out-of-scope. These services may be provided if they are identified and agreed upon prior to commencement of implementation within the Statement of Work.

Configurable Benefit Design

Plan Elements

- ✘ Non-ERISA plan administration
- ✘ Run-in administration for claims and other services (e.g., balance billing support)
- ✘ Support for aggregate deductibles
- ✘ Support for HRA administration
- ✘ Actuarial analysis of initial plan design or plan design changes, including, but not limited to, Medicare Part D creditable coverage determination
- ✘ Variable deductible/MOOP that varies by member, procedure and location

For Fee: Custom benefits and base plan document customizations, including Inclusion / Exclusions

For Fee: Run-out administration following termination

Smart Shopper Program

Program Design

- ✘ $0 member share for specific procedures or diagnoses at hospitals
- ✘ Custom Smart Shopper provider claims administration

For Fee: Guaranteed smart shopper option in every Geography (only in locations with >100 employees where there is provider competition)

Decision Support

- ✘ Find a doctor for routine care needs

Curated Suite of Digital Health Solutions

Integration

For Fee: Integration with other digital health programs

Eligibility Administration

Eligibility Processing

- ✘ Paper applications
- ✘ Enrollment changes submitted via e-mail
- ✘ Manual eligibility processing without the use of a benefit admin vendor
- ✘ Eligibility based on hours worked (e.g., Taft–Hartley plans)
- ✘ Age-out processing for dependents
- ✘ 1095-C, MA 1099, and Medicare Part D annual notice fulfillment. Available separately through Infinisource

For Fee: Eligibility processing for custom vendors, including non-preferred PBMs

COBRA Administration

- ✘ Medical COBRA eligibility integration with Infinisource for those electing COBRA coverage (we rely on your existing eligibility integration to report COBRA eligibility)
- ✘ Eligibility integration with third-party specialty vendors (e.g., Delta Dental)

Onboarding and Member Education

Onboarding

For Fee: Onsite open enrollment support for groups with <300 employees

For Fee: More than two in-person employee meetings

For Fee: More than five (5) employee webinars for Plan Sponsor > 300 employees or more than two (2) webinars for Plan Sponsors with < 300 employees without Statement of Work

Individual Member Education

- ✘ Custom Welcome Kits
- ✘ Color logos on ID Cards
- ✘ Welcome Kits and ID cards for minor dependants
- ✘ Outbound welcome calls to members before go-live
- ✘ Proactive provider education without a scheduled visit

For Fee: Member and provider call support prior to Plan Sponsor sign-off on Summary of Benefits and Coverage(s) and Plan Document, and receipt by Apostrophe of a full eligibility file in our standard format

White Glove Member Care

Services

- ✘ Providing benefit information to members prior to receiving signed SPD
- ✘ Single point of contact for Plan Sponsor custom vendors
- ✘ Calling lists of providers in advance of care
- ✘ On-call service on observed national holidays
- ✘ Prepayment support for members who visit an excluded facility for eligible procedures

For Fee: Turning on Member Care >30 days in advance of plan start date

For Fee: Employer-dedicated Member Care phone number and unit with employer-specific service level reporting

Apostrophe Open Network + Direct Purchasing with ProviderPay

Contracting

- ✘ Administration or maintainance of contracts at an individual provider NPI level
- ✘ Administration or maintainance of contracts with:
  - Invoices or non-standard claim submission requirements
  - Reimbursement provisions that require prepayment or payment within 30-days or less from the date of service, non-standard case rates, or other provisions that are not tied to a multiple of Medicare or discount off billed charges

For Fee: Direct contracting for employers and brokers

- ✘ Administration of contracts that do not allow for full coverage of Plan and member share of cost

Multiple of Medicare Pricing

- ✘ Custom repricing vendor
- ✘ Different multiple of Medicare defaults in a single geography
- ✘ Different multiple of Medicare defaults for select procedures

Cash Pay

- ✘ Cash pay option for procedures without confirmation of precertification (if required) and actual price translated into multiple of Medicare

Balance Bill Handling

- ✘ Custom balance bill handling vendor
- ✘ Support for member appeals of provider actions that may trigger unfair credit practices

MemberPay

MemberPay Options

- ✘ Family repayment. Every adult age 18 or older on the Plan is responsible for payment of their bills, unless they have explicitly authorized another family member to pay on their behalf

Collections / Recourse Recovery

- ✘ Family repayment. Every adult age 18 or older on the Plan is responsible for payment of their bills, unless they have explicitly authorized another family member to pay on their behalf

Utilization and Care Management

Services

- ✘ Non-standard precertification requirements
- ✘ Mandatory second surgical opinions

Claims Processing

Services

- ✘ Processing claims prior to receiving signed SPD (Apostrophe requires 30 days after signed SPD to build and test plan designs)
- ✘ Custom network administration
- ✘ Medicare crossover processing
- ✘ Paper Explanation of Benefits distribution
- ✘ Run-in claims administration
- ✘ Loading prior carrier accumulator credits in a format other than the Apostrophe specified format
- ✘ Prior carrier accumulator credit from member EOBs (we accept standard files) other than to provide credit for run-out with prior TPA
- ✘ Non-standard accumulator administration (e.g., 18 month accumulator cycle)

Pharmacy Administration

Administration

- ✘ Single point of contact with vendors other than Southern Scripts

For Fee: Integration with non-preferred pharmacy benefit manager

Invoicing and Medical Claim Funding

Invoicing

- ✘ Invoice payment by check or ACH push
- ✘ Consolidated billing for ancillary vendor fees, Non-broker of record consultants, or Direct Primary Care
- ✘ Direct Primary Care PEPM payments through claims system

Claims

- ✘ Fees for other clinical programs not integrated with Apostrophe
- ✘ Funding frequency that isn't at least once per week

Stop Loss Coordination

Administration

- ✘ Pre-funding of claims when stop loss reimbursement is not received within 15 days after providing all necessary information
- ✘ Processing and releasing medical claims prior to finalized Stop Loss contracts being delivered to Apostrophe
- ✘ Coordinating stop loss tracking and notification with another TPA (policies that overlap with plan years and involve another TPA tracking dollars)

For Fee: Custom reporting and additional integrations with non-preferred partners

Protections

N/A

Reporting and Data Access

Reporting

- ✘ Custom claim and pharmacy analytics
- ✘ 5500 and 1094 reporting (available for a fee through Infinisource)
- ✘ Patient-Centered Outcomes Research Institute reporting
- ✘ Custom analytics requests

Data Access

- ✘ Claim data in custom formats

Renewal Support

Services

- ✘ Onsite open enrollment support for groups with <300 employees
- ✘ New ID Cards
- ✘ New vendor implementations or plan changes without 60 days notice